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Letter to the Editor

COVID-19 as experimental psychopathy[☆]

COVID-19 como psicopatía experimental



Dear Editor:

Recently Prof. Pastor¹ reflected on the psychological consequences that we will face because of the recent pandemic. Although he highlighted the cause thereof in the ‘measures taken to counteract it’,¹ the warlike analogy used by Richard Hatchett, the main strategist of the alleged ‘war’ against a nanometric ‘enemy’, a review of his analysis is worthwhile to distinguish between real causes and mere circumstantial excuses.

A review of the literature is sufficient to identify the psychiatric sequelae in patients recovering from the SARS-CoV-2² infection, but the behavioural changes experienced by the general population are more of a psychological reaction to the response imposed on us as a society³ by the indiscriminate confinement of the population and the cessation of any “non-essential” work activity. In this sense, as the Belarusian president already pointed out, it is noting that the induction of “psychosis” could “prevent” the disease. I clarify that I use the term “psychopathy” in a broad manner, in the sense of a certain degree of antisocial disorder⁴ amplified by the publicized panic that has probably managed to persuade citizens to assume “social distancing”.

The Swedish exception, which refrained from enacting such a contingency measure, is well known. The person responsible for this health emergency pointed out at the time that there was little or no evidence about the effectiveness of a confinement.⁵ A comparison of mortality figures at the European level⁶ allows us to infer that confinements as abusive as the one imposed in Spain have failed to prevent the highest disproportion of deaths. Returning to the Swedish example, its legislation only considers a specific and temporary confinement of certain residents in order to accelerate their diagnosis.⁷ In our country, the population was immobilized while medical care was delayed. What is really absurd is that no health care manager has considered the flagrant vio-

lation that such a procedure implies with respect to the most elementary ethical principle of medicine: “*primum non nocere*”.

Worse than acting without judgment is acting on the wrong one. The case in question was justified by a mathematical model designed on the assumption of another infection, a pandemic flu⁸ and the historical precedent of voluntary isolation of small American communities during the so-called “Spanish flu”.⁹ It goes without saying that it is also absurd that such drastic measures, whose counterproductive socioeconomic consequences were easily predictable, were enacted before seriously quantifying the lethality of an infection,¹⁰ which was much lower than initially published.

It is not wise to rush while sequestering the lives of millions of healthy people but it is equally unwise to withhold care for the sick, especially if they are hiding in clinical trials in which four times the effective dose is administered (“Recovery”, University of Oxford),¹¹ perhaps blinded by absurd ideological biases which could have deprived hundreds of thousands of patients of an effective remedy. It should also be noted that hasty and thoughtless research often precludes future retractions.¹²

Much is yet to be researched, and perhaps everything will change as a consequence of the historical episode we are experiencing. Let us never forget those who have helped, but neither those who aggravated this dramatic event.

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